

CHILD CARE



PROVIDER APPLICATION

Please make sure that your application is complete. The following items are needed for a complete application in order for your case to be reviewed and processed.

- Completed and signed application
- Provider Rate & Responsibilities Signed and Dated
- Completed and signed Release to Review Background Information forms for yourself and each individual residing in your child care home who is 18 years of age and older.
- Printouts of criminal justice record.
- A copy of your emergency evacuation plan.
- Verification of tuberculosis test.
- Copy of valid issued photo identification

Native Village of Barrow
Workforce Development Department
PO Box 1130
Barrow, Alaska 99723

Dear Potential Approved Provider:

Welcome to the application process in becoming a Tribally Approved Provider. Applications are reviewed by and approved by the Workforce Development Director and Program Specialist. If your application is approved, a certificate stating that you are a Tribally Approved Provider will be mailed to you.

Each person living in your home, age 18 and over is required to fill out the Authorization for Release of Information and the Clearance for Child Care. You may need to copy one or more sets of these forms depending on how many people live in your home age eighteen or older. In addition each person, age eighteen years old or older, is required to submit a criminal history report. These are acquired at the Public Safety Office. The cost for each report is \$20.00.

We look forward to your joining us in serving children in need of child care. You will find that caring for children will be a rewarding experience as you will make a difference in their lives as well as yours.

If you have questions concerning the application process, we encourage you to call the Workforce Director at Native Village of Barrow, 907-852-4411. If you know of friends or other family members interested in becoming an approved provider, please encourage them to contact us at the above numbers.

Sincerely,

Workforce Development Director

Eligibility Criteria for Child Care:

By statute, all eligible children must be under the age of 13 and reside with a family whose income does not exceed 85% of the Grantee Median Income (GMI) for a family of the same size and whose parent(s) are working or attending a job training or educational program or who receive or need to receive protective services. Native Village of Barrow is now following the State Income Median.

Native Village of Barrow's Workforce Development Department and the Social Services are working in mutual effort in eliminating the prolonged or dependent-derived financial need. With the implantation of program measure for all clients, we have designed a system that identifies the mutual clients and meeting their educational, training, supportive services and child care assistance needs. There is great effort in eliminating the barriers and building assets for our mutual clients. On the Workforce Development Department Child Care Application asks if client is receiving Alaska Temporary Assistance Program, Native Village of Barrow General Assistance Program, Food Stamps and Public Assistance.

Priority Rules for Children:

- Priority Level 1 being the highest.
- Priority 1 Children in custody
- Priority 2 Special Needs Children
- Priority 3 Welfare Recipients
- Priority 4 Regular Child Care Clients for approved activity

APPROVED PROVIDER , APPROVED RELATIVE PROVIDER, AND
APPROVED FACILITY APPLICATION

INSTRUCTIONS:

All providers who participate in the Child Care Assistance Program must be approved by NVB or have a license issued by the State of Alaska.

APPLICANT'S NAME: _____
Last, First, Middle Initial

SSN or TIN: _____ DOB: _____

FACILITY NAME: _____

MAILING ADDRESS: _____

PO BOX CITY STATE ZIP

PHYSICAL ADDRESS: _____

STREET ADDRESS CITY STATE ZIP

EMAIL ADDRESS: _____

BUSINESS LICENSE NUMBER: _____ EXPIRATION DATE: _____

HOME PHONE: _____ - _____ WORK PHONE: _____ - _____

PROVIDER CATEGORY:

APPROVED PROVIDER: Approved Providers provide child care services to eligible children in a private residence as the sole caregiver. Approved Providers may care for no more than a total of five (5) children under the age of 13 years, including the provider's own children. Of those five children, no more than four may be unrelated to the provider, and no more than two may be under the age of 30 months. **NOTE:** *This category of provider is encouraged to become a State Licensed Child Care Provider within 12 months.*

APPROVED RELATIVE PROVIDER: Approved Relative Providers provide child care services in a private residence as the sole caregiver only to eligible children who are their grandchildren, great-grandchildren, sibling (only if living in a separate residence), niece or nephew. Approved Relative Providers may care for no more than a total of five (5) children under 13 of age, including the provider's own children. Of those five children, no more than two may be under the age of 30 months. **NOTE:** This category of provider must renew their Approved Relative Provider status every year to continue to be eligible for payment through the Native Village of Barrow.

APPROVED FACILITY: Approved Facilities provide child care services to eligible children in a day care setting.

TRIBAL CHILD CARE PROVIDER CARE INFORMATION, AND RESPONSIBILITIES:

This section must be complete in order to be considered and to identify the type of care and service provided for child care facility

Number of children you would be able to care for: _____

Please indicate the ages that you would like to care for

Age Range: 0-2 3-5 5-10 10-12

Are you interested in providing services for a child with special needs? Yes No

If yes, which of the following special needs would you be able to care for?

Developmentally Delayed	<input type="checkbox"/>	Physical/Motor Disability	<input type="checkbox"/>
Fetal Alcohol Syndrome	<input type="checkbox"/>	Fetal Alcohol Affected	<input type="checkbox"/>
Sexually Abused	<input type="checkbox"/>	Physically Abused	<input type="checkbox"/>
Neglected	<input type="checkbox"/>	Drug Affected	<input type="checkbox"/>
Hearing Impaired	<input type="checkbox"/>	Vision Impaired	<input type="checkbox"/>
Other:	<input type="checkbox"/>		

Have you received any training for caring for special needs children? Yes No

If yes, please explain the type of training that you acquired.

Provider Rates

1. Provider will utilize the rates established by Native Village of Barrow.
 - a. Yes
 - b. No
2. Provider has set rates and will provide Native Village of Barrow his/her child care rates.
 - a. Yes
 - b. No

Make check payable to: _____

Name of parent: _____

Type of facility: (Check One)

- ____ Center based (licensed provider, non-residential setting)
____ *Group Home (2 or more providers, private residence setting)
____ *In-Home (individual provider in child's own home)
____ *Related to child

(*=applicable to In-Home Child Care Facility)

*If child care is being provided in an In-Home Child Care Facility, please provide the square

*footage of the home being used as the In-Home Child Care Facility. _____

Payment Procedures:

Providers will be issued a timesheet for tracking purposes, and be required to submit their timesheet by-weekly to NVB Workforce Dept. It is the responsibility of the Provider and Client to submit their timesheets on time. Timesheets must be submitted with the required signatures of the parent and provider confirming the dates of services.

BACKGROUND INFORMATION

Applicant One

Applicant Name	Tribal Membership
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EDUCATION:

Highest Grade Completed:

1 2 3 4 5 6 7 8 9 10 11 12 H.S. Diploma GED

College: 1 2 3 4 5 Degree: Yes No

Training Completed: _____

Certificate: Yes No If yes, what year? _____

Other training: _____ Skill learned:

What would you like to learn more about or receive training in?

REFERENCES

Please list four people, three of whom are not related to you, that have known you for two years or more that NVB Workforce Development Staff can contact to talk about your application to become an approved provider: List name, phone number, and Tribal Membership (if applicable).

Name	Mailing Address/Phone Number	Tribal Membership
1.		
2.		
3.		
4.		

FIRE ESCAPE PLANNER

Plan ahead to save your family. If a fire starts, smoke and heat can kill you unless you have planned in advance how to escape quickly. Creating a plan ahead, in the event of an emergency, will prevent panic and lead you to safety.

SAFETY PLAN AND PRACTICE ACTIVITIES

A good safety plan requires the following:

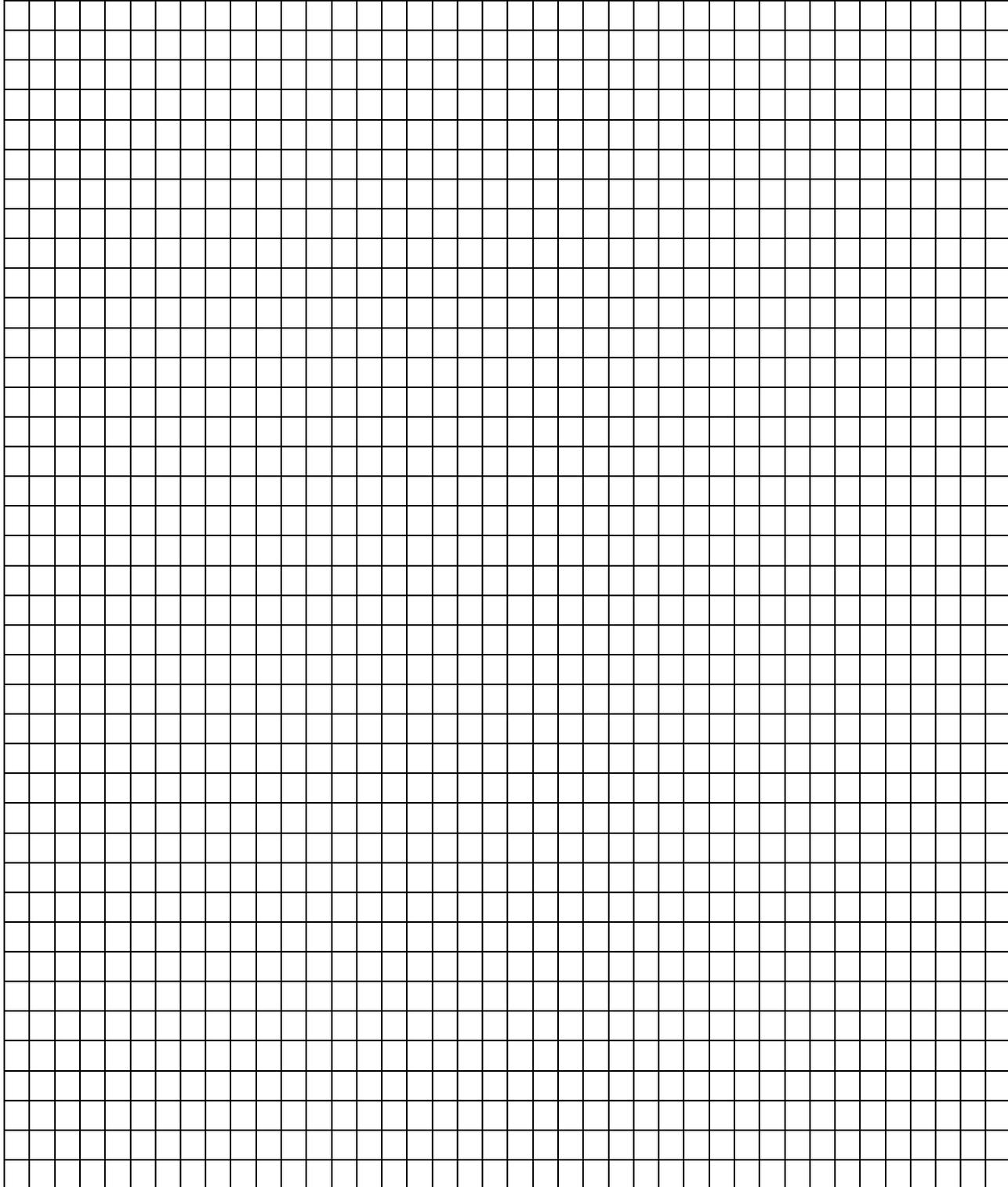
- A smoke detector on each level of your home.
- A CO2 or carbon monoxide detector is on each level of your home.
- A fire extinguisher on each level of your home.
- An escape route marked on your floor plan.
- A specific place your family will meet, outside the home, if there is an emergency.
- Have a plan in place for everyone to evacuate the home within 150 seconds, including children who cannot get out by themselves. Sleep with bedroom doors closed. (They will hold back deadly smoke.
- Test smoke alarms and carbon monoxide detectors once monthly, this way everyone will know what they sound like.
- Teach your family to test doors before opening them, and to use an alternate escape if the door is hot. If the door is cool they should know to open cautiously and if smoke or heat rushes toward them to shut the door and use alternate means of escape. If there is no escape, place a wet towel at the bottom of the door way to help keep smoke out of the room you are in.
- Crawl low under smoke.
- STOP, DROP & ROLL if clothes catch on fire.
- Get out fast, 150 seconds or less.
- Gather at your meeting place to determine if everyone is safely out of the home.
- Never, never, never...go back inside once you are out.
- Call the fire department from the neighbor's home.

In addition to the above plan, you should practice your escape plan monthly. Practices should be done at different times of the day using alternating exits. This will build self confidence in all family members should a real emergency arise.

Floor Plan of Home

In space provided, please draw a diagram of your home/facility. Draw a floor plan sketch and label each room, ie. "kitchen." Indicate position of all doors and windows. Also, show and label the location on the outside of the home where your family will gather if there is an emergency.

Family Name: _____ Date: _____

A large grid of graph paper, consisting of 30 columns and 30 rows of small squares, intended for drawing a floor plan sketch.

Native Village of Barrow
Workforce Development Child Care Assistance Program
PO Box 1130
Barrow, Alaska 99723
Phone: 907-852-4411 Fax: 907-852-4593

**AUTHORIZATION FOR RELEASE OF INFORMATION
FOR CHILD CARE PROVIDER**

I, _____, hereby authorize the Office of Children's Services to release the following:

- a) information pertaining to any open child abuse investigation in which I have been identified as the alleged perpetrator, and
- b) dates of any substantiated reports of harm in which I have been identified as the perpetrator of child abuse and/or neglect, and
- c) dates of any negative licensing actions.

Last Name Printed _____ First Name _____ Maiden Name _____

Date of Birth _____ Social Security #: _____

Signature _____ Date _____

(Complete a separate form for each child care provider and household member age 18 and older. The application provides only two Authorizations for Release of Information forms. You may need to make extra copies.)

Space below this line will be filled out by the Office of Children's Services *****	
Is the applicant identified as the alleged perpetrator in a substantiated Report of Harm or as a perpetrator in an open child abuse or neglect case? _____Yes _____No	
Has the applicant ever been licensed? _____Yes _____No	
Were there any negative licensing actions? _____Yes _____No	
Signature and title of person completing the OCS portion of this form: _____	
Printed Name	Title of Person
_____	_____
Signature	Date
_____	_____

CLEARANCE FOR PLACEMENT FOR CHILD CARE PROVIDER

(This form must be provided by all adults age 18 and older residing in the home where services will be provided.)

Last Name	First Name	Middle Name	
Date of Birth	Sex	Social Security Number	
Address	City	State	Zip Code
Aliases, Maiden Name, Previous Married Name(s)		Driver's License Number	
<p>Have you been previously licensed to care for a child(ren)? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, indicate city, state and type of care and dates of licensure: _____</p> <p>Have you ever had a license to care for children revoked or denied in Alaska or any other state? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, attach an explanation.</p> <p>Have you ever been investigated for child abuse or neglect? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, attach an explanation.</p> <p>Do you have a physical, health, mental health, or behavior problem that might pose a risk to the health safety, or well-being of children? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, attach an explanation.</p> <p>Do you have a domestic violence problem or an alcohol or other substance abuse problem that might pose a risk to the health, safety, or well-being of children? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, attach an explanation.</p> <p>Have you been convicted of or charged with a crime involving an imitation or controlled substance, violence, sexual assault, molestation, exploitation, arson, prostitution, or crimes against persons? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, attach an explanation.</p>			

I authorize NVB Workforce Development Child Care Assistance Program staff to review criminal justice, protective service, and licensing records and to share this information with the applicant/licensee. I certify the contents of this form and information provided with it are true, accurate, and complete.

Signature of Applicant/Adult Household Member

Date